



JAMIE SMITH  
JEFFERSON COUNTY DISTRICT CLERK  
1085 PEARL STREET, ROOM 203, BEAUMONT, TX 77701

## REQUEST FOR PROCESS

All sections must be completed for processing this request.

Section 1:

Cause No. \_\_\_\_\_

Date \_\_\_\_\_

Style: \_\_\_\_\_

VS

Section 2:

Check Process Type:

Citation     Precept to Serve / Notice of Hearing/Notice to Show Cause

Temporary Restraining Order

Application for Protective Order / Temporary (Ex Parte) Protective Order

Notice of Registration of Foreign Judgment     Citation by Posting

Writ of \_\_\_\_\_     Other \_\_\_\_\_

Citation by Publication\*- Newspaper: \_\_\_\_\_

CHECK box if you would like the District Clerk's Office to make copies for your service. (\$1.00 per page per pleading for copies for service)

Section 3:

Title of Document/Pleading to be attached for service: \_\_\_\_\_

Note: You must furnish one copy of the document/pleading for each party served.

Section 4: PARTIES TO BE SERVED (Please type or print):

1.Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2.Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Section 5

**Check Service Type:**

- No Service
- Sheriff
- Constable Pct.
- Out of State
- Certified Mail
- Secretary of State
- Commissioner of Insurance
- Out of County
- Private Process     Other

Section 6 (ONLY if Section 7 does not apply)

**Attorney Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street/P.O. Box

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Attorney's Telephone No. \_\_\_\_\_ Attorney's Bar No. \_\_\_\_\_

Section 7 (ONLY if Section 6 does not apply)

**Pro-Se Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Telephone No. \_\_\_\_\_

Section 8

**Check Delivery Type:**

- Hold for pick up
- Mail to Attorney